

# LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

## FOR OFFICE USE ONLY

Postmark Date: 2/25/99

*Rig*  
**1990735**

#1394  
B 1009  
KSD

1. NAME Adcock, Sr. Herschel C.  
Last First MI

2. BUSINESS PHONE 225/929-7229

3. BUSINESS ADDRESS 1881 Wooddale Blvd., Baton Rouge, LA 70806-1510  
Street and No. City State Zip

4. EMPLOYER Self.

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THE NAMES ADDED BELOW.

1. Name NOVUS Financial Corporation

Address 2 World Trade Center, 65th Floor, New York, NY 10048-0026

Business or purpose Finance

☒ New Representation  
Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**SUPPLEMENTAL REGISTRATION FORM**



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Herschel C. Adcock, Sr., who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Signature of Lobbyist

Sworn to and subscribed before me on this 25th day of February, 1999.



Notary Public

**LOBBYING REGISTRATION  
EMPLOYER VERIFICATION FORM**

343  
Lobbyist's Registration Number

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- This form must be submitted within 10 days of lobbyist's registration, supplemental registration or renewal registration - A lobbyist's registration is NOT complete unless this form is submitted for each representation listed on the registration form, supplemental registration form or renewal registration.

**FOR OFFICE USE ONLY**

Postmark Date: \_\_\_\_\_

State of Illinois

County LaSalle of Lake

I hereby verify that Herschel C. Adcock, Sr.

Name of registrant

is authorized to represent NOVUS Financial Corporation

Name of Employer, Person, Group or Organization Represented

before the Louisiana Legislature for the calendar year 1999.

Thomas F. White

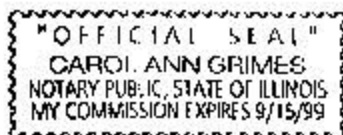
Name of Authorizing Official (Type or print)

Thomas F. White  
Signature of Authorizing Official

Vice President

Title

Sworn to and subscribed before me on this 17th day of February, 1999.



Carol Ann Grimes

Notary Public (Type or print)

Carol Ann Grimes  
Signature of Notary Public